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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-Filed

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Keith Hopkins Plaintiff,

vs.

Suzan L. Hubbard
(warden) Defendant.

CV 07

CASE NO. _____

5624

JF (PR)

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Keith E. Hopkins, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 2002 Minimum wage
 5 Block Buster Video
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No X
 10 self employment
- 11 b. Income from stocks, bonds, Yes ____ No X
 12 or royalties?
- 13 c. Rent payments? Yes ____ No X
- 14 d. Pensions, annuities, or Yes ____ No X
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes ____ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ____ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ N/A Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 owe Restitution To State
4 Gov. Claims Board \$200

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9
10
11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 10-7-07

16
17 DATE

18 Deirdre Hopkins

19
20 SIGNATURE OF APPLICANT
21
22
23
24
25
26
27
28

1 KEITH E. HOPKINS
2 F-38525

Case Number: _____

3
4
5
6
7
8
9 CERTIFICATE OF FUNDS
10 IN
11 PRISONER'S ACCOUNT

12
13 I certify that attached hereto is a true and correct copy of the prisoner's trust account
14 statement showing transactions of KEITH E. HOPKINS for the last six months
15 at California Medical Facility, State Prison, P.O. Box 2000
16 Vacaville, CA. 95696 [prisoner name]

17 _____ where (s)he is confined.

18 [name of institution]

19 I further certify that the average deposits each month to this prisoner's account for the
20 most recent 6-month period were \$ 0 and the average balance in the prisoner's
21 account each month for the most recent 6-month period was \$ 0.

22
23 Dated: 10-11-07

M. Soares

[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIFORNIA MEDICAL FACILITY
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 11, 2007 THRU OCT. 11, 2007

ACCOUNT NUMBER : F38525 BED/CELL NUMBER: MIM200000000207U
 ACCOUNT NAME : HOPKINS, KEITH EDWARDS ACCOUNT TYPE: I
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST: 10.11.07
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY M. J. [Signature]
 TRUST OFFICE

CURRENT
 AVAILABLE
 BALANCE

0.00